



# OFFICE OF THE CLERK/TREASURER

City of Burlington

City Hall, Room 20, 149 Church Street, Burlington, VT 05401

Voice (802) 865-7000  
Fax (802) 865-7014  
Deaf/Hard of Hearing 711

## Request for Mailing Address Change Form

This request allows the City Clerk's Office to make mailing address changes related to correspondence from the City Clerk's Office, Assessor's Office and Department of Permit and Inspections. This form does not result in address changes to other City departments such as; Parks and Recreation, Burlington Electric, Department of Public Works Water/Sewer division and others. Please submit the completed form to the Clerk's Office at the address above and allow two weeks for processing. *If you need additional space, please complete an additional form or a copy of this form.*

Date of Request: \_\_\_\_\_, 20\_\_\_\_

Property Location(s)

Account / Parcel ID #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Owner's Name(s): (Please print)

\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address for Above Properties:  
(Please print)

\_\_\_\_\_  
\_\_\_\_\_

Requester's Name: (Please Print)

\_\_\_\_\_

Requester is:      Owner\_\_\_\_\_      Authorized Representative\_\_\_\_\_      Company / Agency Official\_\_\_\_\_

Requester's Phone Number:      (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owners / Requester's Signature: \_\_\_\_\_

\*\*\*\*\* For Office Use Only \*\*\*\*\*

*Date Stamp with Receipt Date*

Initials - Person receiving request: \_\_\_\_\_

Initials / Date request processed in Nemrc AB: \_\_\_\_\_/\_\_\_\_\_

Initials / Date processed in AssessPro: \_\_\_\_\_/\_\_\_\_\_